PTO/SB/81 (11-04)

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	STEVEN PORTER HOTELLING, ET AL.
Title	DUAL AXIS VIBRATION RATE GYROSCOPE
Art Unit	
Examiner Name	
Attorney Docket Number	PU040287

	•	stomer Number	Customer Nun	nber 24	1498						
OR ☐ Practitio	ner(s) nan	ned below:									
	Name Registration Number										
				-							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.											
Please rec	ognize or o	change the correspon	ndence address fo	r the abo	ve-identified app	lication to	:				
	ove-menti	oned Customer Num	nber:								
OR The ac	ddress ass	ociated with Custom	er Number:								
Firm <i>or</i>	al Name	Joseph J. Laks, Th	HOMSON LICENSI	NG INC.							
Address		PATENT OPERAT	IONS								
Address		P. O. BOX 5312									
City		PRINCETON		State	NJ	ZIP	08543-53	12			
Country		USA				<u> </u>					
Telephone		609-734-6819		Fax	609-734-6888						
I am the:											
_ ''	ant/Invento										
		rd of the entire intere 37 CFR 3.73(b) is en									
		SIGN	ATURE of Applica	ant or A	ssignee of Reco	rd					
Name	Michael	A. Pugel - 57,368									
Signature	My	dul A Kn	an/\								
Date	August 3				Telephone	317-587					
		III the inventors or a				r their re	presentativ	e(s) are required.			
	Submit multiple forms if more than one signature is required, see below*.										

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the Ins collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

POWER OF ATTORNEY THOMSON LICENSING

THOMSON LICENSING 46, Quai A. Le Gallo F-92100 Boulogne-Billancourt France

does hereby grant

Harvey D. Fried - Sr. Patent Counsel/Manager Ronald H. Kurdyla - Sr. Patent Counsel/Manager Robert D. Shedd - Sr. Patent Counsel/Manager Robert B. Levy - Sr. Patent Counsel/Manager Frank Y. Liao - Sr. Patent Counsel/Manager Reitseng Lin - Sr. Patent Counsel Christine Johnson - Sr. Patent Counsel Guy H. Eriksen - Sr. Patent Counsel Catherine A. Ferguson - Sr. Patent Counsel Joseph J. Kolodka - Sr. Patent Counsel Kuniyuki Akiyama - Sr. Patent Counsel Paul P. Kiel - Sr. Patent Counsel Jeffrey M. Navon - Sr. Patent Counsel Joel M. Fogelson - Sr. Patent Counsel Joseph J. Opalach - Sr. Patent Counsel Sammy S. Henig - Sr. Patent Counsel Patricia A. Verlangieri - Sr. Patent Counsel Brian J. Dorini, Sr. Patent Counsel Jorge Tony Villabon - Patent Counsel Vincent E. Duffy - Patent Counsel Richard LaPeruta - Patent Counsel Francis A. Davenport - Sr. Patent Agent William A. Lagoni - Patent Agent Brian J. Cromarty - Patent Agent Ronald Kolczynski - Member Patent Staff Michael A. Pugel - Patent Agent Thomson Licensing Inc. Two Independence Way Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

day of February, 2006.

SIGNED

Vice President/

Thomson Licensing Inc. and Attorney In Fact for

THOMSON LICENSING

WITNESS

POWER OF ATTORNEY THOMSON LICENSING

We,

THOMSON LICENSING

46, Quai A. Le Gallo

F-92100 Boulogne-Billancourt

France

do hereby grant

Joseph J. Laks Vice President

Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

				•
DATED this	14th	day of	February	, in the year 2006.

Signature:

Typed Name As Signed:

Title:

Béatrix de Russé-

Authorized Representative,

Vice-President Intellectual Property & Licensing

THOMSON LICENSING

Approved for use through 10/31/2002, OMR 063-10032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCI,

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•			Attorney Docket Num	ber	PU040287	\
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor		Steven Porter Hotelling eta	ıl	
		COMPLETE IF KNOWN				
((37 CFR 1.63)		Application Number	1		
☑Declaration Submitted	OR	Declaration Submitted after Initial	Filing Date			
With Initial	Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit			•••••	
•		Examiner Name				

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
DUAL AXIS VIBRATORY RATE GYROSCOPE									
the specification of which	the specification of which (Title of the Invention)								
is attached hereto					•				
OR									
was filed on (MM/DD/	YYYY)	March 11, 20	05 as United States	Application Number o	r PCT Internationa	ıl			
Application Number	PCT/US	05/08081 and	was amended on (MM/DI	D/YYYY)	(i	applicable).			
I hereby state that I have review specifically referred to above.	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to discl applications, material information international filing date of the co	on which	n became available be							
I hereby claim foreign priority to 365(a) of any PCT internation and have also identified below application having a filing date	onal app , by che	lication which designation of the court of t	ted at least one country eign application for pater	other than the United s it or inventor's certifica	States of America.	listed below			
Prior Foreign Application			Foreign Filing Date	Priority	Certified Copy	Attached?			
Number(s)		Country	(MM/DD/YYYY) Count	ry Not Claimed	YES	NO			
☐ Additional foreign applicatio	n numb	ers are listed on a sup	plemental priority data sh	eet PTO/SB/02B attac	hed hereto:				
I hereby claim the benefit unde	r 35 U.S	S.C. 119(e) of any Unit	ed States provisional app	lication(s) listed below					
ApplicationNumber(s)	Filing Date (I	MM/DD/YYYY)						
US 60/552,652		March 12, 2004		numbers a a supplem	provisional appl re listed on ental priority dat 2B attached her	a sheet			

[Page 1 of.3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-003:

U.S. Patent and Trademnik Office: U.S. DEPARTMENT OF COMMERCI:

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DECLARATION — Utility or Design Patent Application

Direct all corresp	Direct all correspondence to: ☐ Customer Number or Bar Code Label									
Name	JOSEPH S. TR	RIPOLI								
Address THOMSON LICENSING INC.										
Address PO Box 5312										
City State ZIP										
PRINCETON					NJ		08543	3-5312		
Country		Т	elephone					Fax		
USA		3	17-587-4019		···		(609)	734 - 6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOL	E OR FIRST I	NVENTO	₹:		☐ A petition has b	een filed for	r this	unsigned inventor		
Given Family Name HOTELLING or Surname										
Inventor's Signature							Da	ate		
Residence: City			State		Country		Ci	tizenship		
San Jose	···-		Californi	a	us		US	•		
Mailing Addres	s									
Mailing Addres		Hidden f	line Road					,		
City		State		ZI	IP	Country				
San Jose		Calforni	a	İ	5120 US					
NAME OF SEC	OND INVENT				☐ A petition has be	<u> </u>	this u	insigned inventor		
Given Name LI	ΞX				Family Name BAYER or Surname					
Inventor's Signature					Date					
Residence: Cit	 y		Stat	e	Country			Citizenship		
Menlo Park			Cali	fornia	US		_	ZA		
Mailing Addres	is									
Mailing Addres	s 691 Rol	ble Avenu	ıe, #4							
City		State			ZIP . Country			untry		
Menio Park	 	Californ	ia		94306		us			
Additional	inventors are b	eing name	d on the <u>1</u> s	upplement	tal Additional Inventor(s)	sheet(s) PT(D/SB/0)2A attached hereto.		

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE.
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle	[if any])		Family Name or Surname				
BRIAN R.		LAI	ND				
Inventor's Signature Basin 18-				Date 4/19/2005			
Residence: City Redwood City	California US State Country				US /		
Mailing Address							
Mailing Address 2726 Sussex Way							
City Redwood City	California State	ZIP	94061	Cou	US		
Name of Additional Joint Inventor, if any:		nis unsigned inventor					
Given Name (first and middle		Family Name or Surname					
		_l					
Inventor's Signature					Date		
Residence: City	State	Cour	Country		Citizenship .		
Mailing Address							
Mailing Address							
City	tate	Zip		Country			
Name of Additional Joint Inventor, if any:			A petition has been filed	for ti	his unsigned inventor		
Given Name (first and middle	e [if any])	Family Name or Surname					
<u> </u>		_					
Inventor's Signature					Date		
Residence: City	Cou	Country Citizenship					
Mailing Address							
Mailing Address					•		
City	State		Zip	Co	ountry		

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With Initial

Filing

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) []Declaration ☑Declaration Submitted Submitted after Initial

Filing (surchärge (37 CFR 1.16 (e))

required)

Attorney Docket Num	ber	PU040287
First Named Inventor		Steven Porter Hotelling etal
· co	MPL	ETE IF KNOWN
Application Number	1	
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inve	As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
DUAL AXIS VIBRATORY RATE GYROSCOPE											
the specification of which (Title of the Invention)											
is attached hereto	•		•								
OR		٠.									
	(YYYY) March 11, 20	05 as United States A	Application Number of	r PCT Internationa	al						
Application Number ,	PCT/US05/08081 and	was amended on (MM/DD/	YYYY)	(i	f applicable).						
I hereby state that I have review specifically referred to above.	wed and understand the conte	nts of the above identified s	specification, including	g the claims as an	nended						
I acknowledge the duty to discl applications, material information international filing date of the co	on which became available be	tween the filing date of the	ed in 37 CFR 1.56, in prior application and	cluding for continution the national or PC	uation-in-part T						
I hereby claim foreign priority to or 365(a) of any PCT internation and have also identified below application having a filing date	onal application which designant, by checking the box, any for	ated at least one country of eign application for patent	her than the United S or inventor's certifica	States of America,	, listed below						
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	/ Attached?						
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO						
					. 🗅						
☐ Additional foreign application	on numbers are listed on a sup	plemental priority data she	et PTO/SB/02B attac	hed hereto:							
I hereby claim the benefit unde	er 35 U.S.C. 119(e) of any Unit	ed States provisional applie	cation(s) listed below								
ApplicationNumber(s) Filing Date (I	MM/DD/YYYY)									
US 60/552,652	March 12, 2004			provisional appl re listed on ental priority da 2B attached her	ta sheet						

[Page 1 of 3]

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DECLARATION — Utility or Design Patent Application

Direct all correspo	ondence to:		er Number Code Label		24498	OR	⊠ C	orrespondance address belon
Name	JOSEPH S. TR	IPOLI						
Address 1HOMSON LICENSING INC.								
Address	PO Box 5312							
City					State		ZIP	
PRINCETON	PRINCETON NJ							3-5312
Country		Tel	ephone					Fax
USA	· · · · · · · · · · · · · · · · · · ·	317	-587-4019				(609)	734 - 6888
believed to be true;	and further that t r imprisonment,	these statem or both, und	ents were made	with t	he knowledge that willfe	ul faise state	ment	n information and belief are s and the like so made are opardize the validity of the
NAME OF SOLE	OR FIRST IN	NVENTOR:			A petition has be	en filed for	r this	unsigned inventor
Given Name STEVEN PORTER Family Name HOTELLING or Surname								
Inventor's Signature						-	D	ate
Residence: City			State		Country		С	itizenship
San Jose			California		us us			S
Mailing Address								
Mailing Address	1351	Hidden Mi	ne Road					
City		State		ZIF	•	Country		
San Jose		Calfornia		95	120	US		
NAME OF SEC	OND INVENTO	OR:			☐ A petition has be	en filed for	this	unsigned inventor
Given Name LE	×				Family Name BAY or Surname	ÆR		
Inventor's Signature	J.	LRajer			Date 04/21	105		
Residence: City State Country Citizenship						Citizenship ZA		
Mailing Address								- 1
Mailing Address	incaes.	Awktrand de Avenue	#4 #4					
City		State			ZIP		Cc	ountry
Pedo Alto Menlo Park		California			94306		US	_
Additional in					I Additional Inventor(s)			

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor					
Given Name (first and middle	[if any])	Family Name or Surname				
BRIAN R.		LA	ND			
Inventor's Signature			·		Date	
Residence: City Redwood City	California US State Country				US Citizenship	
Mailing Address						
Mailing Address . 2726 Sussex Way						
City Redwood City	California State	ZIP	94061	Co	US	
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor					
Given Name (first and middle	Family Name or Surname					
Inventor's Signature		<u>.</u>	1	•	Date	
Residence: City	State	Cou	ntry		Citizenship	
Mailing Address						
Mailing Address						
City	tate ·	Zip		Co	untry	
Name of Additional Joint Inventor, if any:			A petition has been filed	for	this unsigned inventor	
Given Name (first and middle	[if any])	Family Name or Surname				
		J				
Inventor's Signature			,		Date	
Residence: City	State	Cou	ntry		Citizenship	
Mailing Address						
Mailing Address						
City	State		Zip	С	ountry	

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DECLARATION FOR UTILITY OR	Attorney Docket Number	PU040287				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Steven Porter Hotelling etal				
PATENT APPLICATION	СОМР	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number /					
☑Declaration ☐Declaration Submitted OR Submitted after Initial	Filing Date					
With Initial Filing (surcharge Filing (37 CFR 1.16 (e))	Group Art Unit					
required)	Examiner Name					

		· · · · · · · · · · · · · · · · · · ·						
As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
DUAL AXIS VIBRATORY RATE GYROSCOPE								
the specification of which (Title of the Invention)								
☐ is attached hereto								
OR .								
was filed on (MM/DD/YYYY) March 11, 2005 as United States Application Number or PCT International								
Application Number	plication Number PCT/US05/08081 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application		_	Foreign Filing Date	Priority	Certified Cop	y Attached?		
Number(s)		Country	(MM/DD/YYYY) Count	ry Not Claimed	YES	NO		
			,					
·								
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
ApplicationNumber(s) Filing Date (MM/DD			MM/DD/YYYY)					
US 60/552,652		March 12, 2004	· · · · · · · · · · · · · · · · · · ·	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
				F 10/30/0	LD attached fiel	ew.		

[Page 1 of.3]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label 24498 OR ☒ Correspondance address below										
Name	JOSEPH,S. TRIPOLI									
Address	THOMSON LICENSING INC.									
Address	Address PO Box 5312									
City						State		ZIP	ZIP	
PRINCETON						NJ	08543-		3-5312	
Country	Country Teleph			hone	ne				Fax	
USA			317-58	37-4019				(609)	(609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR:						A petition has been filed for this unsigned inventor				
Given Name STEVEN PORTER						Family Name HOTELLING or Surname				
Inventor's Signature Steven Portin Hotel					tell	lling			^{ate} 4/13/05	
Residence: City			Sta	ate Country		Citizenship				
San Jose C		Cal	lifornia	us		US				
Mailing Address	s									
Mailing Address	s1351	1 Hidde	n Mine	Road						
City				ZIP	IP Country					
San Jose		Calfor	rn <u>ia</u>		9512	95120 US				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name LEX						Family Name BAYER or Surname				
Inventor's Signature	Date					Date				
Residence: City State				Country			Citizenship			
Menlo Park			California		US ZA		ZA			
Mailing Address										
Mailing Address 691 Roble Avenue, #4										
City		State				ZIP		Country		
Menio Park	Park California				94306 US					
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle		Family Name or Surname						
BRIAN R.	L	LAND						
Inventor's Signature					Date			
Residence: City Redwood City	California State	US		US Citizenship				
Mailing Address								
Mailing Address 2726 Sussex Way								
City Redwood City	California State	1		· US untry				
Name of Additional Joint Inventor, If any:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle		Family Name or Surname						
Inventor's Signature			Date .					
Residence: City	State		Country		Citizenship			
Mailing Address								
Mailing Address								
City	state		Zip Co		ountry			
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned Inventor					
Given Name (first and middle		Family Name or Surname						
Inventor's Signature Date								
Residence: City	State C		ountry		Citizenship			
Mailing Address								
Mailing Address								
City	State		Zip	p Country				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.